



Department of Social and Health Services

Division of Alcohol and Substance Abuse

## Strategic Plan

2007-2011

*The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.*



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Director  
June 26, 2006

# Table of Contents

## Program Strategic Highlights

Chapter 1	<b>Our Guiding Directions</b>	1
	Mission	1
	Vision	1
	Guiding Principles/Core Values	1
	Statutory Authority	2
Chapter 2	<b>The People We Serve</b>	5
	Introduction to Programs	7
Chapter 3	<b>Environmental Context</b>	10
	Appraisal of External Environment	10
	Trends in Customer Characteristics	10
	Activity Links to Major Partners	11
	Stakeholders Input	12
	Future Challenges and Opportunities	13
Chapter 4	<b>Goals, Objectives, Strategies, and Performance Measure</b>	15
	1. Closing the Treatment Gap	16
	2. Providing Treatment Alternatives to Incarceration	21
	3. Implementing Common Screening/Assessment Protocols for Co-Occurring Mental Health/Substance Abuse Disorders	22
	4. Reaffirming Commitment to Prevention and Combating Underage Drinking	24
	5. Preventing and Treating Problem Gambling	28

# Program Strategic Highlights

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The Division of Alcohol and Substance Abuses strives to ensure the delivery of quality alcohol and other drug abuse prevention, intervention, and treatment services. These services and programs have been scientifically demonstrated to result in more productive individuals and more secure families, leading to safer and more vibrant communities, and a healthier state.

Division strategic priorities for 2007-2011 are to:

- Close the gap between those who are eligible and in need of chemical dependency treatment and those who actually receive it;
- Provide treatment alternatives to incarceration;
- Implement common screening and assessment protocols for co-occurring mental health and substance abuse disorders and link them with integrated treatment;
- Reaffirm our commitment to evidence-based, targeted prevention, and implement efforts to combat underage drinking;
- Implement a program for the prevention and treatment of problem and pathological gambling, including the training of professionals in the identification and treatment of problem gamblers.



# Chapter 1 • Our Guiding Directions

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## MISSION

The Mission of the Department of Social and Health Services is to improve the quality of life for individuals and families in need. We will help people to achieve safe, self-sufficient, healthy, and secure lives. The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

## VISION

Our vision is that the Washington State Division of Alcohol and Substance Abuse will lead the nation in ensuring the delivery of quality substance abuse and problem gambling prevention, intervention, treatment, and certification services.

## GUIDING PRINCIPLES/CORE VALUES

To succeed in its Mission, the Division of Alcohol and Substance Abuse is dedicated to building collaborative partnerships with communities, tribes, counties, service providers, schools, colleges and universities, the criminal justice system, hospitals and health care providers, and other agencies within the private sector and within local, state and federal governments. The Division is committed to ensuring services are provided to individuals and communities in ways that are culturally relevant, and honor the diversity of Washington State.

To carry forth our Mission, the Division of Alcohol and Substance Abuse will:

- Develop policy options, and plan for the development and delivery of an effective continuum of chemical dependency prevention and treatment services.
  - Provide and ensure quality services that support individuals and families in their efforts to raise children who are free of alcohol, tobacco, and other drugs.
  - Educate communities about the importance of maintaining healthy lifestyles, and provide opportunities, tools and resources to enable communities to define and meet their local substance abuse prevention needs.
  - Implement a continuum of intervention and treatment services to meet local, regional, tribal and statewide needs, and that specifically address the needs of low-income adults, youth, women, children, and families.
  - Support continued recovery from addiction and a return to competitive employment by helping individuals surmount barriers to self-sufficiency.
  - Develop standards, and assist providers in attaining, maintaining, and improving the quality of care for individuals and families in need of prevention and treatment services.
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- Provide training and professional development opportunities for the chemical dependency field.
- Oversee and coordinate research that identifies need for publicly funded services, and assesses prevention and treatment outcomes, costs, and benefits.
- Design, develop, implement, and maintain management information services and decision support systems for internal and external customers.
- Manage available resources in a manner consistent with sound business practices.
- Advocate for enhanced resources for prevention and treatment services. These services serve as a primary avenue for protecting and promoting the public health and safety of all Washington residents.

### **STATUTORY AUTHORITY**

**RCW 70.96A.050** sets forth 17 requirements for the Department related to the provision of substance abuse prevention, intervention, treatment, and support services. These include:

- Develop and foster plans and programs for the prevention and treatment of alcoholism and other drug addiction, and treatment of alcoholics and addicts and their families;
- Coordinate the efforts of all public and private agencies, organizations, and individuals interested in substance abuse prevention and treatment;
- Cooperate with public and private agencies in implementing treatment programs for individuals in the correctional system;
- Work with education agencies, police departments, and the criminal justice system in development of prevention and treatment programs, and preparing curricula materials for use in schools;
- Prepare and disseminate educational material regarding the impacts and consequences of alcohol and other drug misuse;
- Develop and implement educational programs as part of substance abuse treatment that include information about the impacts and consequences of alcohol and other drug misuse, principles of recovery, and HIV and AIDS;
- Organize training programs for chemical dependency treatment professionals;
- Sponsor and encourage substance abuse-related research, and serve as an information clearinghouse;
- Specify uniform methods for keeping statistical information related to treatment;

- Advise the Governor regarding a comprehensive treatment plan for those affected by alcohol and drug abuse, for inclusion in the state's comprehensive health plan;
- Review all state health, welfare, and treatment plans submitted for federal funding, and advise the Governor on provisions to be included related to alcohol and other drug addiction;
- Assist in developing treatment and education programs for state and local government employees, and business;
- Use the support and assistance of community members to encourage alcoholics and drug addicts to undergo treatment;
- Assist in establishing programs designed to deal with the problem of people operating motor vehicles while intoxicated;
- Encourage hospitals and health facilities to admit alcoholics and other drug addicts without discrimination, and provide them with adequate and appropriate treatment;
- Encourage all health and disability insurance programs to include alcoholism and other drug addiction as a covered illness; and
- Organize a statewide program to help those in the criminal justice system better understand chemical dependency and the effectiveness of treatment.

**RCW 70.96A.090** requires the department to adopt rules establishing standards for approved treatment programs, to periodically inspect the programs, and to maintain and periodically publish a current list of approved programs.

**RCW 70.96A.350** establishes the Criminal Justice Treatment Account (CJTA). CJTA is administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration. Additional funds are transferred to the Violence Reduction and Drug Enforcement (VRDE) Account each biennium to be used to provide substance abuse treatment for offenders under confinement in Department of Corrections' facilities.

**RCW 74.50** [Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)] — Establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.

**RCW 10.05**, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.

**RCW 46.61.5056** requires individuals convicted of a Driving Under the Influence (DUI) offense to complete a diagnostic assessment and any program of recommended treatment, ranging from alcohol/drug information school to intensive residential treatment. DASA sets the standards for and is responsible for approving these programs.

**RCW 49.60** prohibits discrimination because of race, creed, color, national origin, gender, marital status, age, or the presence of any sensory, mental, or physical

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handicap. It ensures access to culturally diverse, sensitive, and aware services, and reasonable accommodations for persons with disabilities.

**RCW 18.205** defines the state certification requirements for chemical dependency professionals (CDPs). The certification program is under the authority of the Secretary of the Department of Health. Those providing counseling services in DASA-certified programs are required to be CDPs or CDP trainees.

**RCW 70.96B** (expires July 1, 2008) provides for the establishment of two integrated crisis response and involuntary treatment programs for individuals who are gravely disabled or imminent dangers to self or others as a result of chemical dependency.

**RCW 43.20A.890** establishes a program for the prevention and treatment of problem and pathological gambling, to be administered by DASA.

**Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities** -- DASA is now a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.

**Code of Federal Regulations 42 Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** -- DASA, all chemical dependency prevention and treatment programs, and all those who provide services to individuals affected by alcohol or other drugs are under strict restrictions not to disclose information with respect to patients without written consent, subject to certain exceptions.



## Chapter 2 • The People We Serve

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### THE PEOPLE WE SERVE

Through its prevention, intervention, treatment, and certification programs, the Division of Alcohol and Substance Abuse serves all the people of Washington State.

The Division's prevention program covers all segments of the population at potential risk for drug and alcohol misuse and abuse. However, the primary focus is on children who have not yet begun use or are still only experimenting. Research indicates that youth who initiate alcohol and/or other drug use before age 15 are twice as likely to experience alcohol or other drug problems as adults that those who do not initiate use until after age 19.

During the 2003-2005 Biennium, some 152,642 individuals participated in DASA-funded prevention programs. Of these, there were 58,674 individuals participating in ongoing or recurring programs.

Generally, individuals assessed as in need of chemical dependency treatment, whose incomes are below 200% of the federal poverty level, and who do not have access to treatment through health insurance mechanisms, qualify for DASA-funded treatment. State and federal requirements give priority for treatment and intervention services to:

- Pregnant and postpartum women and families with children;
- Families receiving Temporary Assistance for Needy Families (TANF);
- Child Protective Services referrals;
- Youth;
- Injection drug users (IDUs).

In addition, beginning in July 2003, funds have been set aside in the Criminal Justice Treatment Account for providing judicially supervised treatment of offenders in community-based settings in lieu of incarceration.

Under the Omnibus Mental Health and Substance Abuse Treatment Act of 2005, \$36 million has been allocated in the 2005-2007 Biennium for chemical dependency treatment for Medicaid-eligible adults (\$29.3 million) and low-income youth (\$6.7 million).

In State Fiscal Year (SFY) 2005, 30,263 adults received treatment with DASA-funded support. In that same year, 5,739 adolescents ages 12-17 also received DASA-funded treatment.

DASA provides a range of intervention services. With funding from a \$16.1 million, five-year federal grant, DASA is implementing the Washington State Screening, Brief Intervention, and Referral to Treatment (WASBIRT) program. WASBIRT's aim is to engage individuals in emergency department settings, determine if they are in need of brief interventions to reduce risk of future re-injury or hospitalization as a result of

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substance misuse, and make referrals to community-based treatment programs as appropriate. Some 14,473 individuals were served by WASBIRT in SFY 2005.

Through a three-year, \$21.9 million federal grant, DASA is implementing an Access to Recovery (ATR) program to provide social service intervention to individuals and families in crisis. In addition to treatment, recovery services include mental health counseling, medical care, case management, preventive services for family members, and support services including childcare, transportation and housing assistance. In SFY 2005, 11,749 individuals received ATR services.

DASA certifies 561 chemical dependency treatment programs serving both publicly funded and private-pay patients to ensure the safety and quality of treatment. DASA collaborates with stakeholders in the establishment of treatment regulations designed to return patients to safe, healthy, and productive lives. Each year, DASA investigates incidents and complaints, and conducts surveys of one-third of the certified programs, offering advice and technical assistance to each to assist them to achieve compliance with state and federal regulations. In addition, DASA serves as an opioid treatment program accreditation body approved by the federal Substance Abuse Mental Health Services Administration.

Beginning in SFY 2006, the Legislature has stated its intention “to provide long-term, dedicated funding for public awareness and education regarding problem and pathological gambling, training in its identification and treatment, and treatment services for problem and pathological gamblers and, as clinically appropriate, members of their families.” DASA is incorporating the following required program elements:

- Both prevention and treatment of problem and pathological gambling must be addressed;
- Program participation and client outcomes must be tracked;
- There must be provision for the training of professionals in the identification and treatment of problem and pathological gambling, to be suitably administered by a qualified person or organization; and
- An advisory committee must be established to assist in the design, management, and evaluation of the program.

A problem gambling account was created in the State treasury, with \$1.5 million allocated for the 2005-2007 Biennium. An additional \$552,500 has been provided by tribal governments. With the help of a 22-member Problem Gambling Advisory Committee made up of interested stakeholders, including members of the law enforcement and criminal justice community, treatment providers, tribal governments and organizations, gaming associations and commissions, and advocates, DASA has just completed a five-year problem gambling strategic plan.

## INTRODUCTION TO PROGRAMS

DASA offers a full range of prevention, intervention, and treatment programs.

The Division has adopted a “risk and protective factor” approach as the cornerstone of its efforts to prevent alcohol, tobacco, and other drug abuse. Risk factors are personal, family, or community characteristics that increase the likelihood an individual will use alcohol, tobacco, or other drugs. Protective factors are similar characteristics that help insulate individuals from substance-abusing behaviors. DASA provides prevention services through contracts with counties, tribes, statewide organizations, or through interagency agreements with other state agencies. Counties undertake needs assessments, and implement prevention programs that address risk and protective factors in their communities. State-level programs include:

- Washington State School-Based Prevention and Intervention Services Program;
- Survey of Adolescent Health Behaviors;
- Reducing Underage Drinking Initiative (RUad);
- Reducing Access to Tobacco Products (Synar Regulation);
- Washington State College Coalition for Substance Abuse Prevention;
- Washington State Alcohol/Drug Clearinghouse;
- Communications and Media Program;
- Washington State Mentoring Initiative;
- Children’s Transition Initiative (CTI);
- Washington State Exemplary Substance Abuse Prevention Awards;
- Washington State Prevention Summit;
- Substance Abuse Prevention Specialists Training (SAPST).

DASA-funded treatment services are designed to maintain a cost-effective, quality continuum of care for rehabilitating individuals recovering from alcoholism and other drug addiction. DASA contracts with counties and tribes for the delivery of outpatient services. Other services are delivered through contracts with direct service providers. Services include:

- Diagnostic evaluation;
  - Alcohol/drug detoxification (adult and youth);
  - Outpatient treatment (adult and youth);
  - Opiate substitution (methadone) treatment;
  - Intensive inpatient treatment (adult and youth);
  - Recovery house (adult and youth);
  - Long-term residential care;
  - Involuntary treatment/civil commitment for individuals with alcohol/drug addiction;
  - Residential treatment for pregnant and parenting women (with childcare);
  - Outpatient treatment for pregnant and parenting women (with childcare);
  - Treatment for co-occurring disorders;
  - Tribal treatment programs;
  - Monolingual programs for non-English speakers;
  - Treatment program for the deaf/hard of hearing;
  - Urinalysis.
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Specialized contracted support services for eligible individuals include:

- Childcare, including therapeutic childcare;
- Translation services (including interpreters for persons who are deaf or hard of hearing;
- Transportation assistance;
- Case management;
- Youth outreach;
- Cooperative housing (Oxford House) and other transitional housing support services.

In recent years, several new programs have been initiated:

- With funds from the Criminal Justice Treatment Account (CJTA), judicially supervised treatment is being made available to chemically dependent offenders in community-based treatment programs in lieu of incarceration;
- With funds from a grant from the federal Substance Abuse Mental Health Services Administration, DASA is implementing the Washington State Screening, Brief Intervention, and Referral to Treatment (WASBIRT) program. Individuals who visit hospital emergency departments are screened for alcohol or other drug involvement and patients affected by abuse or addiction are receiving brief interventions and treatment referrals appropriate to their level of substance abuse;
- Through a three-year, \$21.9 million federal grant, DASA is implementing an Access to Recovery (ATR) program to provide social service intervention to individuals and families in crisis. In addition to treatment, recovery services include mental health counseling, medical care, case management, preventive services for family members, and support services including childcare, transportation and housing assistance.
- RCW 43.20A.890, enacted in the 2005 Legislative Session, created a program for the prevention and treatment of problem and pathological gambling. In keeping with its newly adopted five-year problem gambling strategic plan, DASA is initiating new programs in prevention, awareness and intervention, treatment, capacity building, and research and data analysis.

Two new pilot programs are now being implemented:

- Integrated crisis response/secure detoxification programs are being implemented in Pierce County and in the five North Sound counties for individuals who are gravely disabled or present likelihood of serious harm to self or others as a result of substance abuse;
- Two pilot projects are being implemented in King and Thurston Counties to provide case management to chemically dependent individuals who are high utilizers of crisis services. Case managers are work indirectly with clients to link them to the treatment, housing, transportation and medical services that they require.

## **TREATMENT EXPANSION**

In 2005, Washington State began funding a major expansion of chemical dependency treatment for Medicaid-eligible adults and youth with incomes under 200% of the Federal Poverty Level. Some \$36 million in additional funds are currently earmarked for this expansion - \$29.3 million for adults, and \$6.7 million for

youth -over a two-year period (State Fiscal Years 2006 and 2007). Most of the funds for the adult portion of the expansion do not represent new state allocations, but a redirection of currently available funding, the bulk coming from the state Medical Assistance Administration budget, and rest from the state Aging and Disabilities Service Administration budget.

In SFY 2003, 26% of adult Medicaid-eligible adults in need of chemical dependency treatment actually received it. These were grouped in four categories: aged; blind, disabled, those receiving state general assistance while awaiting an SSI determination, and SSI recipients; those receiving state general assistance while unemployable (for the short term); and other Medicaid (including individuals with children receiving Temporary Assistance for Needy Families.)

It is expected that an additional 6,495 Medicaid-eligible adult clients will receive treatment in SFY 2006 (bringing the treatment penetration rate up to 34%), and another 11,745 in SFY 2007 (bringing the penetration rate up to 42%). About 90% of these clients will be served in outpatient treatment, and about 10% will receive treatment in a residential facility (before likely continuing treatment in an outpatient setting as part of the continuum of care.) An additional 1,051 youth will receive treatment each year, 80% in outpatient settings.

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## Chapter 3 • Environmental Context

### APPRAISAL OF EXTERNAL ENVIRONMENT

DASA treats approximately one out of four adults and one out of three youth in need of, and who qualify for, publicly funded chemical dependency treatment. Waiting lists for treatment remain high. The waiting list for treatment under the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) has tripled in the past decade. In SFY 2005, 31% of ADATSA clients assessed as needing treatment never received it at all (up from 25% in SFY 2003). Despite the creation of more treatment slots and the opening of new programs, the waiting list for publicly funded opiate substitution treatment in Seattle-King County is growing, and waiting times as long as nine months or longer are not uncommon.

**Treatment Gap Rate in Washington State for  
Publicly Funded Chemical Dependency Services  
SFY 2005**

<b>Target Population</b>	<b>Needing &amp; Eligible for DASA-Funded Treatment</b>	<b>Received Treatment with DASA-Funded Support</b>	<b>Number of Eligible Individuals Unserved</b>	<b>Treatment Gap Rate (Unserved Need)</b>
Adults w/children <18	38,977	12,285	26,692	69.3%
Adults w/o children under 18	70,053	17,978	52,072	74.3%
All Adults 18 and Older	109,030	30,263	78,767	72.2%
Adolescents (Ages 12-17)	19,966	5,739	14,227	69.5%
<b>TOTAL</b>	<b>128,652</b>	<b>36,002</b>	<b>92,650</b>	<b>72.0%</b>

The impacts of not providing appropriate chemical dependency treatment in a timely manner to individuals who require it are profound. Demonstrated results of treatment include: lower crime and decreased burden on the criminal justice system; improved physical and mental health and lower medical and psychiatric care costs; decreased reliance on public assistance; higher rates of employment and higher wages; better family functioning; decreases in child abuse and neglect, and fewer Child Protective Services referrals; and for youth, higher rates of school attendance, better school performance, and reduced delinquency. The costs of not providing treatment in a timely manner are borne by state and local governments, and by individuals, families, businesses, and communities across the state of Washington.

Besides population growth and an increasing percentage of the population between ages 18-25 (the age cohort most often in need of chemical dependency treatment), an expanding number of Washington residents are without access to health insurance, either purchased privately or through the Washington Basic Health Plan.

As chemically dependent individuals with insurance would access treatment through their health plans, the lack of insurance places an increasing burden on the publicly funded treatment system.

### TRENDS IN CUSTOMER CHARACTERISTICS

The number of admissions to publicly funded treatment, both adult and youth, increased by 10.2% between SFY 2004-2005.

**Admissions to DASA-Funded Treatment  
SFY 2004 - 2005**

	2004	2005
Adult Residential	7,738	8,672
Adult Outpatient	19,168	20,768
Adult Opiate Substitution	1,355	2,294
<b>Adult Total</b>	<b>28,261</b>	<b>31,734</b>
Youth Residential	1,295	1,351
Youth Outpatient	4,436	4,365
<b>Youth Total</b>	<b>5,731</b>	<b>5,716</b>
<b>TOTAL</b>	<b>33,992</b>	<b>37,450</b>

Much of the increase represents individuals admitted to treatment as a result of new funding through the Criminal Justice Treatment Account (CJTA). There were also substantial increases in the number of patients able to access opiate substitution treatment, as a result of the opening of new programs, and expanded support for these programs from several counties and tribes.

In SFY 2005, alcohol was cited in the plurality of adult admissions to DASA-funded treatment, accounting for 42% of all admissions. Admissions for treatment of methamphetamine abuse have significantly risen, and now represent 21% of all adult admissions. Racial and ethnic minorities comprised 34% of all adult DASA-funded treatment admissions in SFY 2005.

Among youth, 61% of all admissions to treatment in SFY 2004 were for marijuana. Youth admissions for methamphetamine abuse have more than doubled between SFY 2000-2005, and now account for 13% of admissions. Racial and ethnic minorities comprised 40% of DASA-funded youth admissions.

For the 2005-2007 Biennium, funds have provided for treatment expansion to serve additional 18,240 Medicaid-eligible adults (6,495 in SFY 2006; 11,745 in SFY 2007), and 2,102 youth (1,051 each year) with family incomes at or below 200% of the Federal Poverty Level.

### ACTIVITY LINKS TO MAJOR PARTNERS

DASA works closely with federal, state and local government agencies, counties and tribes, schools and universities, prevention and treatment providers, researchers, and a full range of other partners in the private sector to ensure the delivery and coordination of quality services. Examples of these collaborations are provided below.

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As a result of legislation passed in the 2002 and 2003 Sessions, DASA facilitates a collaboration of judges, prosecutors, law enforcement professionals, county and tribal social service agencies, and community-based chemical dependency treatment providers in providing treatment alternatives to incarceration.

DASA is working with a full range of state and local agencies, treatment providers, and youth advocates to enhance the adolescent substance abuse treatment system. The improved infrastructure, with a new statewide leadership council, will foster cross-system planning, needs assessment, knowledge and resource sharing, and integrated training and education regarding evidence-based practices.

A consortium of DSHS divisions works with the Department of Health and local service agencies to provide services to substance-abusing pregnant and parenting women and children ages birth-to-three. Services are provided at project sites in Snohomish, Whatcom, and Benton-Franklin Counties. Besides chemical dependency treatment, women are assisted in gaining access to local resources, including family planning, safe housing, health care, mental health care, domestic violence services, parenting skills training, child welfare, childcare, transportation, and legal services.

In 2004, Washington State received a five-year State Prevention Framework State Incentive Grant (SPF/SIG) grant from the federal the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention. DASA is developing and implementing a data-driven state prevention plan at 12 community sites, in collaboration with all Washington State agencies that administer substance abuse prevention services.

In September 2005, SAMHSA awarded \$92.5 million to seven states, including Washington State, for Mental Health Transformation State Incentive Grants (MHT SIGs). These cooperative agreements will provide funds to transform state mental health service delivery systems – from systems dictated by outmoded bureaucratic and financial incentives to systems driven by consumer and family needs that focus on building resilience and facilitating recovery. DASA is participating in the Transformation Incentive Grant processes

## **STAKEHOLDERS INPUT**

The Citizens Advisory Council on Alcoholism and Drug Addiction is established under RCW 70.96A.070. The Council is charged with advising and recommending to DSHS rules, policies, and programs that will benefit individuals and their families with alcoholism/addictions; families and individuals in high-risk environments; and the larger community.

In its 2005 Annual Report (September 2005), the Citizens Advisory Council made three recommendations “to promote safer and more vibrant communities, and a healthier, more productive citizenry,” pursuant to its statutory mandate:

1. We endorse the six strategic priorities set forth in the Division of Alcohol and Substance Abuse’s (DASA) Strategic Plan 2006-2011, and urge all necessary steps be taken to support DASA in:



- Closing the treatment gap between those who are eligible and in need of substance abuse treatment and those who, because of financial constraints actually receive it;
  - Providing treatment alternatives to incarceration;
  - Fulfilling its responsibility as a federally recognized opiate substitution treatment accreditation body;
  - Reaffirming its commitment to science-based prevention;
  - Bridging the gaps between research, policy, and practice;
  - Developing a strong prevention and treatment workforce.
2. We strongly support DASA in its implementation of the Access to Recovery (ATR) grants program, providing treatment and support services to meet the specific needs of individuals, patients, and families as they work toward recovery and self-sufficiency.

This new Strategic Plan will be presented to the Citizens Advisory Council, to the Association of County Human Services, to tribes, and to prevention, intervention, and treatment providers across Washington State.

A 22-member Problem Gambling Advisory Committee made up of interested stakeholders, including members of the law enforcement and criminal justice community, treatment providers, tribal governments and organizations, gaming associations and commissions, and advocates, assisted DASA in completing a five-year problem gambling strategic plan. The plan includes strategies addressing prevention, awareness, intervention, treatment, and research and data analysis.

## **FUTURE CHALLENGES AND OPPORTUNITIES**

### **Treatment:**

DASA's greatest challenge lies in finding ways to increase the number of chemically dependent adults and youth who receive quality substance abuse treatment. In order to maintain and ensure the flow of state resources for this purpose, DASA will strive to continue to demonstrate the positive impacts and cost offsets generated by the timely provision of treatment as a sound investment in our state's future.

DASA has entered into a series of partnerships with other agencies and divisions where it has already been demonstrated that the cost of providing treatment services is more than offset by savings in other areas. The new Treatment Expansion initiative, implemented under the Omnibus Mental Health and Substance Abuse Treatment Act of 2005, provides new opportunities for treatment for individuals receiving General Assistance, Supplemental Security Income, Temporary Assistance for Needy Families (TANF), or Aging and Disability services. The \$29.3 million provided for adult treatment is expected to be more than offset by savings in Medicaid savings.

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Through funding from the Criminal Justice Treatment Account, judicially supervised treatment is now being provided to offenders in community-based settings in lieu of incarceration.

Major opportunities exist in ensuring those who need treatment and are covered through insurance or capitated health plans receive it. Researchers have found that 9 out of 10 primary care doctors fail to diagnose substance abuse in patients who display classic symptoms of the problem. Opportunities exist in enhancing outreach to, and training of, health care personnel, and in ensuring there are clear protocols for referrals to treatment. Special opportunities may be present in working with health care plans and health maintenance organizations that contract with the Washington Health Care Authority/Basic Health Plan and the Medical Assistance Administration.

### **Prevention:**

The single most effective way of dealing with the disease of chemical dependency, as would be true of any other disease, is preventing it before it starts. The application of science to the prevention of alcohol, tobacco, and other drug abuse is a young and promising discipline. DASA sees an opportunity in expanding its role in assisting the prevention field in become more adept in the application of evidence-based practices, and in the utilization of rigorous evaluation processes. The inauguration of DASA's Prevention Management Information System now assists communities in developing well thought-out, targeted prevention efforts. As part of this commitment, DASA is expanding training efforts to ensure prevention professionals have the skills and tools necessary to help build safer, healthier communities.

### **Intervention:**

With the receipt of a five-year federal grant, DASA is working to engage individuals in emergency department settings to determine whether individuals are in need of chemical dependency treatment or, alternatively, whether brief interventions or brief therapy to interrupt substance misuse can be effective in reducing risks of future re-injury or hospitalization. The possibilities for intervening in the lives of substance abusers before they become chemically dependent hold out great promise as we strive to ensure a healthier population. The challenge for DASA and for the state will be to continue and expand these services once the federal grant comes to an end in 2008.

### **Expanding capacity:**

Research has demonstrated the value of public funded chemical dependency treatment in reducing criminal behavior and acute medical/psychiatric costs. As funds become available to expand treatment access, it is becoming increasingly difficult to attract contractors to provide residential treatment services. Contractors must make a substantial investment in facilities that meet Department of Health and DASA standards, in addition to operating costs, in order to obtain a state contract. Community resistance to siting such facilities exacerbates these problems. Gaining community and local government support for new facilities may subject contractors to costly delays.

One approach to dealing with these difficulties would be for DASA to acquire buildings to be used by alcohol and drug treatment programs. These facilities would

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be owned by DSHS but program operations would be contracted out to independent service providers. In addition, a grants program to assist non-profit providers in renovating existing facilities would be useful to ensure ongoing quality.

## Chapter 4 • Goals, Objectives, Strategies and Performance Measures

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**The Division of Alcohol and Substance Abuse has set five strategic priorities for 2007-2011:**

- **Close the gap between those who are eligible and in need of chemical dependency treatment and those who actually receive it;**
- **Provide treatment alternatives to incarceration;**
- **Implement common screening and assessment protocols for co-occurring mental health and substance abuse disorders and link them with integrated treatment;**
- **Reaffirm our commitment to evidence-based, targeted prevention, and implement efforts to combat underage drinking;**
- **Implement a program for the prevention and treatment of problem and pathological gambling, including the training of professionals in the identification and treatment of problem gamblers.**

**Goal 1: Close the gap between those who are eligible and in need of chemical dependency treatment and those who actually receive it.**

**Objective A:**

- Plan for the delivery of quality chemical dependency treatment services for those least able to support themselves.

**Strategies:**

- **Securing the State's Annual Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant** — Ensure the availability of federal funds for ongoing treatment/prevention programming and services through the timely and accurate completion of the state's annual block grant application.
  - **Comprehensive Planning Across the PITA Continuum** — Contract for research studies to assess need for treatment in Washington State to inform policy and budget decisions and work within the 6-year County Plan.
  - **Preparing and Monitoring Implementation of the Division's 7.01 Biennial Service Plan** — Plan with Tribes and American Indian organizations for the provision of necessary alcohol and drug prevention/treatment services, and monitor progress in meeting Plan goals and objectives.
  - **Assisting Special Populations** — Work collaboratively to address the problem of chemical dependency and substance abuse with:
    - Children's Administration (CA) – Work with CA to place chemical dependency professionals (CDPs) within CA offices statewide to provide consultation, referral, and technical assistance to CA Social Workers, and provide specific chemical dependency training for social workers.
    - Economic Services Administration (ESA) – Provide chemical dependency and treatment expansion eligibility and referral training to Community Services Offices (CSOs) statewide, and CDPs placed within CSOs to provide consultation, assessment, referral, and technical assistance to the CSO Social Workers and clients. Support efforts to expand the use of out-stationed CDPs in CSOs to impact clients receiving Temporary Assistance for Needy Families.
    - Aging and Disability Services Administration (ADSA) – Provide chemical dependency and treatment expansion eligibility and referral training to Home and Community Services (HCS) offices and to Area Agency on Aging (AAA) offices statewide.
  - **Increase Services to Monolingual Non-English Speaking Patients** – Assist providers in improving treatment participation/treatment completion by monolingual non-English speaking patients by expanding training and education for administrators and counselors, expanding scholarship
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opportunities, and providing incentives for agencies to provide monolingual services.

- **Increase Services to Deaf and Hard of Hearing Patients** – Through support of the Northwest Deaf Addiction Center, seek ways to improve treatment participation/treatment completion by deaf/hard of hearing patients, and enhance ancillary services to assist with employment, housing, medical, educational, and financial needs as patients transition back into their communities.
- **Supporting Youth and Family Recovery** – Help community networks maintain and develop “Families in Recovery” groups with a specific focus on support and skills development related to parenting and issues of interest to families affected by chemical dependency.
- **Collaborating with Providers to Improve Treatment Services** – Work with providers to assist them in engaging patients in the treatment process, improving treatment completion rates, and ensuring patient transition through the appropriate levels of care.
- **Developing the Treatment Workforce** – Implement strategies to expand the number of culturally competent, well-trained chemical dependency professionals prepared to work in the publicly funded treatment system.
- **Assessing Treatment Outcomes** — Contract for research studies to determine treatment outcomes in Washington State to inform policy and budget decisions, especially with special populations
- **Supporting Screening/Brief Intervention** – Support brief intervention strategies in schools, hospital-based programs, and other health care programs, as well as promote screening/brief intervention services to be considered in the six- year county plans as an effective continuum-of-care strategy.
- **Developing Brief Therapy** – Support the development of brief therapy as an effective service within the chemical dependency continuum of care
- **Supporting Recovery Planning Services** – Promote recovery support service planning for patients prior to discharge.
- **Implementing Adolescent Strategic Planning** – Implement the Washington State Adolescent Strategy Plan developed through the Center for Substance Abuse Treatment funded Adolescent Planning Grant.
- **Pharmacological Interventions** - Plan for and support the appropriate utilization of effective pharmacological agents as a component of comprehensive individualized treatment plans.
- **Developing Residential Treatment Services for the Medically Fragile** - Support the development of residential services for chemical dependent individuals who are medically fragile.

- **Developing Cultural Appropriate Services for American Indians -** Support the continued development of culturally appropriate treatment services for American Indians served by tribal administered programs.
- **Fulfilling Requirements of a SAMHSA-Approved Opiate Substitution Treatment Program Accreditation Body --** Continue to meet all application review, technical assistance survey, record keeping, and reporting requirements to assist opiate substitution programs attain compliance with federal regulations and guidelines, and for DASA to maintain status as a Substance Abuse Mental Health Services Administration opioid treatment program accreditation body.

#### Objective B:

- Assure vulnerable individuals are identified and receive the full range and scope of care they need.

#### Strategies:

- **Supporting Treatment Services for Adults**
    - **Support Adult Residential Treatment** — Provide low-income and indigent clients with referral and access to adult residential chemical dependency treatment agencies.
    - **Supporting Adult Detoxification Services** — Contract with county governments to help individuals safely withdraw from alcohol or other drugs.
    - **Implementing County Contracts for Outpatient Treatment Services** — Provide an outpatient continuum of alcohol and drug treatment services for indigent/low-income residents, with priority emphasis on pregnant and parenting women, youth, injection drug users, and individuals infected with HIV/AIDS.
    - **Implementing Tribal Contracts for Chemical Dependency Treatment Services** – Through service delivery contracts with Tribal governments (Government to Government), provide a continuum of alcohol and drug treatment services to First Nations’ people and their communities.
    - **Supporting Services for Chemically Dependent Individuals with Infectious Diseases (HIV/AIDS, Hepatitis C, Tuberculosis) --** Integrate chemical dependency and infectious disease prevention, HIV/AIDS services, and treatment services, and provide cross-training and technical assistance to those serving chemically dependent individuals with HIV/AIDS and/or infectious diseases or at high risk for them.
    - **Supporting Secure Detoxification/Integrated Crisis Response Pilot Projects** – Contract for and evaluate effectiveness of secure detoxification/crisis response services for residents of North Sound and Pierce Counties.
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- **Supporting Intensive Case Management Pilot Projects** – Contract for intensive case management services in Thurston/Mason and King Counties for clients severely impacted by alcohol and drug use.
- **Supporting Adult Group Care Enhancement** – Contract for outpatient chemical dependency treatment services in non-chemical dependency adult residential facilities (i.e., nursing Homes) in order to serve hard-to- reach patients.
- **Supporting the Involuntary Treatment Act** – Contract with residential facilities to provide treatment services for patients referred under the Involuntary Treatment Act.
- **Supporting Opiate Substitution Treatment** – Contract for delivery of quality opiate substitution treatment services for individuals addicted to heroin or other opiates.
- **Supporting Access to Recovery (ATR)** – Provide patients in the six largest counties with recovery support services through a voucher system supported by the Center for Substance Abuse Treatment.
- **Supporting Washington Screening, Brief Intervention, Referral, and Treatment (WASBIRT)** – With support from the federal Center for Substance Abuse Treatment, provide screening, brief intervention, brief therapy, and appropriate referral to treatment services to patients seen in nine hospital emergency departments.
- **Supporting Treatment Services for Youth**
  - **Supporting Detoxification and Residential Treatment Services for Youth** – Provide low-income and indigent adolescents ages 12-17 with referral and access to detoxification and youth residential treatment agencies, and ensure a high quality continuum of care with improved engagement, retention, and service integration.
  - **Coordinating Services for “Becca” At-Risk/Runaway Youth Across State Systems** — Assist in the appropriate treatment service placement of multi-problem, out-of-control, chronic runaway, resistant, and chemically dependent youth, and provide support and technical assistance to parents, agency staff, and community groups.
  - **Providing Group Care Enhancement Services for Youth** — Contract with chemical dependency treatment service providers to be placed in long-term residential group home facilities for youth who are experiencing barriers to receiving treatment services.
  - **Supporting Outpatient Treatment Services for Youth** — Contract for the provision of non-residential chemical dependency treatment services to youth.



### Measures:

- Treatment gap between those who are need of, and qualify for, publicly funded treatment and those who receive it.
  - Number of individuals (adult and youth) admitted to treatment under the Treatment Expansion initiative
  - Residential treatment expenditures
  - Number of residential treatment bed days
  - Outpatient treatment expenditures
  - Outpatient treatment caseload by month
  - Number of adult detoxification admissions
  - Number of youth/detoxification clients served
  - Number of ADATSA assessments
  - Number of Non-ADATSA assessments
  - Number of ADATSA adult residential treatment admissions
  - Number of youth residential admissions
  - Number of non-ADATSA pregnant and parenting women admitted to residential treatment
  - Number of adult admissions to secure/involuntary residential treatment
  - Number of ADATSA admissions to outpatient treatment
  - Number of non-ADATSA adult admissions to outpatient treatment
  - Number of youth admitted to outpatient treatment
  - Number of pregnant and parenting women admitted to outpatient treatment
  - Number admitted to opiate substitution treatment
  - Waiting list for youth residential treatment
  - Waiting time and wait status for ADATSA clients
  - Residential treatment completion rates for youth and adults
  - Number of individuals receiving ATR services
  - Number of individuals receiving WASBIRT services
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## **Goal 2:     Provide treatment alternatives to incarceration**

### **Objective:**

- Plan for, ensure delivery, and monitor the quality of chemical dependency treatment services provided to offenders.

### **Strategies:**

- **Planning for the Delivery of Treatment Services for Offenders Using the DASA/County Six-Year Strategic Planning Process** – Work with local authorities to conduct an assessment of offenders’ need for chemical dependency treatment, and develop treatment services to meet that need SFY 2007-2013.
- **Continuing Implementation of Drug Sentencing Reform** – Continue to work with local authorities in implementing judicially supervised substance abuse treatment in lieu of incarceration, and work with county alcohol and drug coordinators and treatment providers to improve criminal justice-related treatment data.
- **Supporting Drug Courts and Other Judicially Supervised Models** — Promote public safety and reduce substance abuse and re-arrest among nonviolent, chemically dependent offenders by integrating alcohol/drug treatment services with judicial system case processing, monitoring, supervision, mandatory drug testing, sanctions, and other administrative services.
- **Coordinating DUI-Related Treatment Issues** — Ensure impaired drivers have access to treatment services to prevent future incidents.

### **Measures:**

- Number of county six-year strategic plans developed by counties that address the needs of offenders
- Number of chemical dependency assessments completed on offenders
- Number of offenders admitted to chemical dependency treatment
- Percentage of offenders who complete treatment

**Goal 3:     Implement common screening and assessment protocols for co-occurring mental health and substance abuse disorders and link them with integrated treatment.**

**Objective A:**

- Implementing the common screening and assessment protocol as required under the Omnibus Mental Health and Substance Abuse Treatment Act.

**Strategies:**

- **Providing Technical Assistance on the Use of the Screening and Assessment Protocol** – Develop and provide training and technical assistance statewide to ensure full implementation of the integrated screening and assessment process.

**Objective B:**

- Evaluate the implementation, impact, and effectiveness of the common screening and assessment protocol established under the Omnibus Mental Health and Substance Abuse Treatment Act.

**Strategies:**

- **Conducting Site Visits** - Conduct site visits to evaluate extent to which the screening and assessment process has been implemented within contracted agencies.
- **Developing a Survey** - Develop and complete a survey for assessment of effectiveness for the GAIN-SS and assessment training, and collect all required data elements for a required report to the Legislature.
- **Conducting an Evaluation** - Determine the extent to which the implementation has carried out the Legislative intent and identify the outcomes of clients with co-occurring disorders who receive appropriate services.

**Objective C:**

- Link clients with co-occurring mental health and chemical dependency disorders to appropriate treatment.

**Strategies:**

- **Supporting Cross Systems Collaboration and Provision Of Appropriate Services to Persons with Co-Occurring Psychiatric and Substance Abuse Disorders** — Work collaboratively with the Mental Health Division to develop a comprehensive and coordinated policy framework and delivery system of care that can appropriately address the multiple, complex needs facing this population.
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- **Implementing a Level 3 Secure Youth Facility**– Plan for the implementation of a Level 3 youth facility that will provide services to high-risk, severely disturbed, chronic runaway youth with primary chemical dependency and co-occurring mental health problems.
- **Providing Treatment for Co-Occurring Disorders** - Support continued development of cross-agency collaboration for youth and adult populations with co-occurring disorders, including training, resources, education, research, and technical assistance.
- **Collaborating to Provide Services to Dangerously Mental III Offenders (DMIO)** - Work with the Mental Health Division and the Department of Corrections to identify and service DMIO clients with appropriate chemical dependency treatment.

**Measures:**

- Number of chemical dependency treatment agencies using a common screening and assessment protocol for co-occurring disorders.
- Number of chemical dependency treatment programs providing integrated treatment for co-occurring disorders.
- Implementation of a Level 3 Secure Youth Facility

**Goal 4: Reaffirm our commitment to evidence-based, targeted prevention, and implement efforts to combat underage drinking.**

**Objective A:**

- Implement evidence-based programs, practices, and policies to combat underage drinking in Washington State.

**Strategies:**

- **Facilitating and Providing Staff Support to the Washington State Coalition to Reduce Underage Drinking** - Examine state policies and laws relating to underage drinking and the implementation and enforcement of such policies and laws; review alcohol industry compliance with their own marketing guidelines to persons under 21 years old; and develop annual work plans to respond to the needs of communities identified through Coalition-sponsored town hall meetings.
- **Administering the Substance Abuse Mental Health Services Administration-Funded Washington State Incentive Grant** - Support 12 community grantees; manage the prevention epidemiology workgroup; and update the Governor's Washington State Prevention Plan.
- **Administering the Department of Justice-Funded Enforcing Underage Drinking Grants** - Support community grantees, develop and implement social marketing/media campaigns, and supporting community mobilization efforts statewide.
- **Supporting the Collection of Statewide, County, and Community-Level Underage Drinking Prevalence and Risk/Protective Factor Data** – Assist with the biennial Healthy Youth Survey, analyze and disseminate archival data, and provide technical assistance to providers and communities for collecting local data.
- **Supporting Information Dissemination through the Washington State Alcohol and Drug Clearinghouse** – Contract with the Clearinghouse to distribute educational materials to parents, teachers, students, schools, and communities.
- **Supporting Community-Based Universal, Selected, and Indicated Prevention Efforts** - Contract with county and tribal governments to provide evidence-based prevention activities to combat underage drinking and meet community needs.

**Objective B:**

- Implement evidence-based substance abuse prevention planning models and evidence-based programs, practices, and policies.
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### Strategies:

- **Supporting School-Based Universal, Selected, and Indicated Prevention Efforts through the Office of Superintendent of Public Instruction** – Implement evidence-based curricula, provide intervention services including identification of substance abuse problems and referral for assessment, initiate groups for students who may need treatment but are not ready to go and group relapse prevention services for youth returning from treatment.
- **Promoting and Supporting Washington State Communities to Secure Drug-Free Community Grants** – Disseminate federal grant announcements, convene and facilitate in-state grant writing workshops with invitations to federal partners to participate, and provide a list-serve networking service for recipients and applicants to share information and facilitate a networking learning community with existing grant recipients.
- **Actively Pursuing and Disseminating New Research Findings on Evidence-Based programs, Practices, and Policies** – Through arrangements with the Western Center for the Application of Prevention Technology, maintain a website with current information and promote its use in provider contract guidelines, as well as hosting provide trainings to share new research findings.
- **Developing and Revising County Planning Guidelines** - Incorporate effective planning processes, including the Five-Step Strategic Prevention Framework model.
- **Maintaining a Prevention Management Information System** – Collect information regarding prevention program participants and effectively report program outcomes.
- **Revising the Governor’s State Prevention Plan** - Work with all state agencies that fund substance abuse prevention efforts to revise and update the state plan.
- **Sponsoring Four Substance Abuse Prevention Specialists Trainings Per Year** - Work with the Western Center for the Application of Prevention Technologies to provide up-to-date training in evidence-based best practices.
- **Supporting the Washington State Prevention Certification Board** – Market the Certification Board’s testing and certification process, and contract with the Board to provide an updated list of current certified prevention personnel
- **Supporting the Annual Washington State Prevention Summit** – Partner with state and federal agency partners to plan and execute an annual three-day conference.
- **Including Community Prevention Training Funds in County Contracts** – Promote the use of evidence-based practices by providing training funds for providers through contracts with counties.

- **Promoting Strong Collaborations with State Agency Partners -** Broaden support for evidence-based prevention planning and programming, including reaching out to non-traditional partners including the Mental Health, Children's, and Juvenile Rehabilitation Administrations.
- **Broadening the Reach of Substance Abuse Prevention Strategies by Partnering with Agencies and Organizations that Address Health and Safety Issues Related to Substance Abuse –** Work with agencies to ensure substance abuse and problem gambling prevention are seen as part of comprehensive health education and promotion plans for the state and communities.
- **Supporting Community Efforts to Implement Comprehensive Prevention Plans, Including Universal, Selected, and Indicated Prevention Strategies –** Work with counties by providing data and planning assistance.

#### Objective C:

- Identify and implement effective strategies to reach underserved populations.

#### Strategies:

- **Identifying High-Need Communities that Currently are Not Receiving Prevention Services –** Work with the prevention epidemiological work group to develop methodologies for identifying underserved communities, and expand use of the Healthy Youth Survey in schools where it is not currently utilized.
  - **Securing and Administering Federal Grants Designed to Address Substance Abuse Prevention Needs in High-Risk Communities –** Write and submit proposals with input from providers, stakeholders, and communities, and encourage providers to submit proposals to serve underserved populations within their communities.
  - **Increasing Representation in the Prevention Workforce Reflective of High-Need Communities –** Recruit representatives of high-need communities to participate in Substance Abuse Prevention Specialist Trainings, assist them in applying to the Center for Substance Abuse Prevention Fellowship Program, and promote recruitment strategies with partner agencies and contracting agencies
  - **Providing On-Going Cultural Competency Trainings to Prevention Professionals –** Build training in cultural competency into SAPST Training four times a year, and into the annual Prevention Summer, as well as assisting in the development of cultural competency evaluation plans.
  - **Building Capacity for Non-Profit Organizations to Contract to Provide Prevention Services –** Assist with data collection and facilitate grant-writing workshops for community organizations in areas in need of prevention services.
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- **Partnering with Tribal Governments** – Work together to develop effective culturally competent prevention planning processes for tribal prevention services.

**Measures:**

- Percentage of 8th grade students in communities receiving State Incentive Grant or Reducing Underage Drinking funds who report using alcohol in the past 30 days.
- Percentage of alcohol retail sites in communities receiving State Incentive Grant or Reducing Underage Drinking funds that sell alcohol to minors.
- Number of communities using DASA funds or CSAP Drug-Free Community Grant funds to address underage drinking issues.
- Percentage of DASA-contracted services that are evidence-based programs, practices, or policies.
- Percentage of DASA contractors using evidence-based planning models, such as the Strategic Prevention Framework planning process.
- Number of school districts implementing the Healthy Youth Survey for the first time.
- Number of tribes participating in the use of a new set of prevention guidelines and reporting requirements developed collaboratively between DASA and the tribes.



**Goal 5:     Implement a program for the prevention and treatment of problem and pathological gambling, including the training of professionals in the identification and treatment of problem gamblers.**

**Objective A:**

- Increase public awareness of harm associated with gambling, and of availability of intervention and treatment services.

**Strategy:**

- **Implementing Public Awareness Initiatives** - Develop and implement both general and specifically targeted culturally sensitive public awareness initiatives related to the prevention of problem gambling among both general and at-risk populations.

**Objective B:**

- To provide clinically and culturally competent treatment in a timely manner to problem gamblers and their family members.

**Strategies:**

- **Implementing Promising Practices** – Through research, establish “promising practices” for problem gambling treatment.
- **Ensuring Wide Geographic Availability of Services** - Recruit providers and maintain treatment services in all regions of the state.

**Objective C:**

- To provide intervention through information, referral or assistance at locations where clients may disclose a problem with gambling or need for problem gambling information.

**Strategies:**

- **Implementing a Helpline** - Provide and monitor 24/7 live-voice-response toll-free helpline services to all Washington residents who need assistance with problem and pathological gambling.
  - **Educating and Providing Resources to Potential Sources of Treatment Referrals** - Educate community clergy, health care professionals, mental health practitioners, chemical dependency professionals, school personnel, gaming venue employees, and others in appropriate intervention and referral protocols regarding individuals with gambling problems.
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#### Objective D:

- To identify and address geographical and cultural gaps in service delivery, build prevention and treatment workforce capacity and ensure a clinically and culturally competent workforce to treat problem and pathological gamblers and their family members.

#### Strategies:

- **Ensuring Training in Cultural Competency** - Develop, facilitate, promote, and/or sponsor culturally competent training for mental health and chemical dependency providers specific to problem gambling, and ensure training meets state and national standards for continuing education credits and gambling counselor certification requirements.
- **Ensuring Counselors from within Racial and Ethnic Minority Communities** - Assist counselors in racial and ethnic minority communities to overcome the challenges of the certification process in order to provide equitable gambling treatment services.

#### Objective E:

- To promote efforts to collect data and improve the body of research knowledge regarding prevention and intervention initiatives, problem/pathological gambling treatment, and impacts of treatment on problem/pathological gamblers and their families.

#### Strategies:

- **Establishing a Research Program** - Work with the research community to establish and implement a research program related to problem/pathological gambling and family systems.
- **Establishing the Prevalence of Problem/Pathological Gambling** - Utilize TARGET to establish the prevalence of problem/pathological gambling among individuals receiving publicly funded treatment for chemical dependency.
- **Evaluating the Impact of the Problem/Pathological Gambling Program** - Evaluate the impact and effectiveness of prevention and intervention, and implement process for treatment outcomes evaluation, including longitudinal follow-up questionnaire within defined time period after treatment.
- **Researching Gambling Behaviors Among Youth** - Include questions regarding gambling behaviors on the Washington Healthy Youth Survey and analyze data related to gambling that pertaining to other risky behaviors.
- **Evaluate Client Satisfaction with Treatment Programs** - Participate in DASA's annual Client Satisfaction Survey and take action on any findings that need to be addressed.

**Measures:**

- Number of clients served in prevention activities.
  - Penetration rate for public awareness initiatives regarding problem gambling.
  - Number of calls to the Problem Gambling Helpline.
  - Number of problem gamblers/family members admitted to treatment.
  - Number of problem gamblers/family members completing treatment.
  - Number of training days targeting mental health and chemical dependency treatment providers regarding pathological gambling.
  - Number of counselors receiving pathological gambling treatment training.
  - Number of treatment provider agencies and geographic spread across state.
-